No. W 52424		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ERIC L OLSE	ERIC L OLSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		201 E CENTER ST POCATELLO ID 83201 3. New Registered Agent Signature:*				
		IDAHO DOCTORS' HOSPITAL, PLLC AMY PARSLOW 444 HOSPITAL WAY STE 477 POCATELLO ID 83201						
NO FILING FEE IF		USA						
RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses o	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER			444 HOSPITAL WAY STE 477	POCATELLO	ID	USA	83201	
MEMBER CLARK L ALLEI		LEN MD	444 HOSPITAL WAY STE 477	POCATELLO	ID	USA	83201	
MEMBER STEPHEN MARANO MD		arano MD	3480 Washington Pkwy	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 52424		Signature: Clark Allen		Date: 05/10/2012				
		Name (type or print): Clark Allen		Title: Member				
Processed 05/10/2012	* Electronically provided signatures are accepted as original signatures.							